

Women/Maternal Health

State Action Plan Table (North Dakota) - Women/Maternal Health - Entry 1

Priority Need

To increase the percent of women who have an annual preventive visit.

NPM

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Objectives

1. Title V staff will partner with entities who routinely work with women between the ages of 18-44 to increase the percentage of these women who have had a preventative health visit, specifically targeting low income and minority women, moving the number of women who report having a 'routine' checkup in the last 12 months before pregnancy from 37% to 45% as measured by PRAMS data, a 22% increase over five years.

Strategies

1a. Collaborate with state-level organizations and entities to improve access to care.

1b. Intersect with women in pregnancy and the inter-pregnancy interval, to reach them at a time when they are most likely to contact the health care system.

1c. Partner with local Community Based Organizations (CBOs) and other partners to expand the reach of preventative messages, conducting outreach to specific racial and ethnic groups or specific populations of high-need women in contact with other services.

ESMs

Status

ESM 1.1 - Percentage of women screened in pediatric clinics at the piloting clinics

Inactive

ESM 1.2 - Number of tailored messages developed targeting low-income and minority women.

Inactive

ESM 1.3 - Number of women ages 18 through 44 receiving a preventative health visit through services provided by MCH grantees.

Active

ESM 1.4 - The percentage of women receiving women's preventative health educational materials.

Active

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

NOM 5 - Percent of preterm births (<37 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy

NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

Perinatal/Infant Health

State Action Plan Table (North Dakota) - Perinatal/Infant Health - Entry 1

Priority Need

To increase the percent of infants who are breastfed and who are breastfed exclusively through six months.

NPM

NPM 4 - A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

Objectives

1. By September 30, 2025, increase the percentage of North Dakota infants who are ever breastfed from 84.8% to 89% Data Source: 2016 CDC National Immunization Survey.
2. By September 30, 2025, increase the percentage of North Dakota infants who are breastfed exclusively at 6 months from 27.9% to 35% Data Source: 2016 CDC National Immunization Survey.

Strategies

- 1a. Increase the number of hospitals trained with the EMPower training from 2 to 6 by September 30, 2025.
- 1b. Establish partnerships with programs serving American Indian women to identify opportunities to incorporate/enhance breastfeeding education and messaging.
- 2a. By September 30, 2025, increase the number of businesses designated as Infant Friendly Workplaces from 140 to 200.
- 2b. Establish a model for Continuity of Care in North Dakota by September 30, 2025.

ESMs

Status

- | | |
|--|--------|
| ESM 4.1 - Number of businesses who receive information and technical assistance on workplace breastfeeding policies. | Active |
| ESM 4.2 - Number of businesses designated Infant Friendly Workplaces. | Active |
| ESM 4.3 - Percent of maternity care staff trained with the EMPower curriculum. | Active |

NOMs

- | |
|--|
| NOM 9.1 - Infant mortality rate per 1,000 live births |
| NOM 9.3 - Post neonatal mortality rate per 1,000 live births |
| NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births |

Child Health

State Action Plan Table (North Dakota) - Child Health - Entry 1

Priority Need

To increase the percent of children and adolescents who are physically active.

NPM

NPM 8.1 - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day

Objectives

By September 30, 2025 North Dakota Title V Program will have developed one model for integrating food and nutrition security within MCH Programs.

Strategies

1a. Participate on the Full Service Community School (FSCS) advisory committee to identify opportunities to promote Physical Activity/Nutrition in children.

1b. Release funding opportunities to communities (LPHU, FSCS, ND REA's, Tribal agencies, and other state agencies) to work on Physical Activity/Nutrition evidence-based strategies or CDC Comprehensive School Physical Activity Programs (one or more).

1c. Collaborate with the North Dakota Department of Transportation (NDDOT) on Safe Routes to Schools (SRTS) and the Transportation Alternative Selection committee.

1d. Provide funding to 15 school teams to attend the annual Roughrider (RR) conference.

1e. Serve on the Health Equity Committee

2a. Assure access to healthy eating and good nutrition for children.

ESMs

Status

ESM 8.1.1 - Number of communities actively involved with the physical activity / nutrition strategies.

Active

NOMs

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)

Adolescent Health

State Action Plan Table (North Dakota) - Adolescent Health - Entry 1

Priority Need

To increase the percent of adolescents who have a preventive medical visit.

NPM

NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Objectives

1. Title V will provide education and outreach targeted at adolescents that will increase the level of knowledge regarding optimal adolescent health including but not limited to depression screening, obesity prevention, immunizations, and safer sex by September 30, 2025.
2. Title V will collaborate with partners to develop strategies, build and layer resources, and implement activities that promote adolescent health and safety by September 30, 2025.
3. Title V will improve access to mental health/behavioral health services to adolescents by September 30, 2025.

Strategies

- 1a. Engage underserved populations (e.g. New Foreign Immigrants, Tribal Nations, etc.) and other existing adolescent groups to consult in activities related to adolescent health.
- 1b. Encourage youth to take charge of their own health.
- 2a. Convene and collaborate with state-level partners that are currently conducting activities related to adolescent health.
- 2b. Work with primary care and other medical providers regarding innovative methods to ensure adolescents are receiving preventative health care.
- 3a. Collaborate with health professionals and other partners to address challenges and provide education around healthy adolescent behavioral health.
- 3b. Decrease the number of bullying incidents reported by school districts.

ESMs

Status

ESM 10.1 - Percent of Medicaid EPSDT eligible adolescents, ages 15 through 18, who received at least one initial or periodic screen.

Active

ESM 10.2 - Number of adolescents, ages 12 through 17, with a reported visit to an emergency department (ED) involving depression within the last year.

Active

NOMs

NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)

NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

Children with Special Health Care Needs

State Action Plan Table (North Dakota) - Children with Special Health Care Needs - Entry 1

Priority Need

To increase the percent of adolescents with and without special health care needs who have received the services necessary to make transitions to adult health care.

NPM

NPM 12 - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care

Objectives

1. Title V will provide resources and technical assistance necessary to implement evidence-based or evidence-informed and/or promising practices to advance health care transition in North Dakota through September 30, 2025.
2. Title V will increase the level of knowledge for providers and other professionals working with families on transitioning from pediatric to adult health care by September 30, 2025.
3. Title V will provide education and resources to expand family-professional partnerships around health transition through September 30, 2025.

Strategies

- 1a. Fund various projects that develop or further enhance infrastructure and capacity required for successful transitions from pediatric to adult health care for all children, including children with special health care needs.
- 2a. Increase and enhance transition education to health care providers and professionals from Title V staff through various methods.
- 2b. Increase and enhance transition education to school personnel from Title V staff through various methods.
- 3a. Provide funding to family support organizations that will train or assist families in expanding knowledge and leadership capacity around health transition.

ESMs

Status

ESM 12.1 - Percentage of individuals ages 14 through 21 served in SHS multidisciplinary clinics that received a transition assessment.	Active
ESM 12.2 - Number of educational opportunities provided to health care professionals/providers from Title V regarding health care transition.	Active
ESM 12.3 - Number of educational opportunities provided to school personnel from Title V regarding health care transition.	Active
ESM 12.4 - Percentage of families served by family support contracts who received education and / or training on healthcare transition.	Active

NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

Cross-Cutting/Systems Building

State Action Plan Table (North Dakota) - Cross-Cutting/Systems Building - Entry 1

Priority Need

To support workforce development for State Title V program leaders and staff to meet current public health MCH policy and programmatic imperatives around health transformation.

SPM

SPM 3 - Maternal and Child Health (MCH) Workforce Development-The number of individuals enrolled in the Maternal and Child Health (MCH) Certificate Program.

Objectives

1. By September 30, 2025, the MCH Navigator on-line assessment will reflect an increase in North Dakota's maternal and child health staff's mean knowledge and skill scores by competency as compared to December 2019.

Strategies

1a. Develop a Maternal and Child Health Workforce Development Plan to improve workforce culture and competencies by contracting with the North Dakota State University, Department of Public Health, to implement a Maternal and Child Health Certificate Program.

1b. Deliver trainings specific to address identified knowledge gaps.

State Action Plan Table (North Dakota) - Cross-Cutting/Systems Building - Entry 2

Priority Need

To reduce annual motor vehicle crash fatalities to fewer than 75 by 2025.

SPM

SPM 1 - Vision Zero – Eliminate fatalities and serious injuries caused by motor vehicle crashes.- By 2025, Increase the number of car seat checkups offered by the NDDoH for North Dakotans from 69 to 100.

Objectives

1. By 2025, Increase the number of car seat checkups offered by the NDDoH for North Dakotans from 69 to 100 (5 year average).

Strategies

1a. Incorporate the E's to Injury Prevention Model into the development of strategies for the activities in this action plan. The E's include; Enforcement, Education, Engineering and Emergency Medical Services.

State Action Plan Table (North Dakota) - Cross-Cutting/Systems Building - Entry 3

Priority Need

To implement all North Dakota state mandates delegated to the North Dakota Department of Health and Human Services' Title V/Maternal and Child Health Programs.

SPM

SPM 2 - North Dakota State Mandates - Implement North Dakota state mandates delegated to North Dakota Department of Health and Human Services' Title V / Maternal and Child Health Program.

Objectives

1. Implement all North Dakota State Mandates for the Maternal Child Health Population.

Strategies

1a. Implement North Dakota State Mandates as cited in North Dakota Century Code (N.D.C.C).